

STUDENT BACKGROUND REVIEW

Health History

- Vision Concerns
 - Hearing Concern
 - ADHD
 - Asthma
 - Student requires Epi-Pen
 - Diabetic
 - Seizures/Epilepsy
 - Health Care Plan
- Comments:

Behavioral Information

- Office Log Entries:
- Yellow Cards # _____
- Intervention Plans-Grade _____
- Behavior Assessments

Mental Health Information

- BASC: _____
 - Connors _____
 - Other: _____
- Comments:

Past/Present School Services

- Title 1-Grade _____
- ELL Services-Grade _____
- Primary Language: _____
- Secondary Language: _____

Retained Grade: _____

Section 504 Plan: Grade: _____
Comments:

SPED Evaluation/Services-Grade: _____
Comments:

Intervention Plans-Grade(s): _____
Comments:

ATTENDANCE

| School | Year | Days | Days Absent/Present | Tardiness |
|--------|------|------|------------------------|-----------|
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Other (social services, juvenile services, Foster care, child in transition, home school, Etc.)